MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-049602 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 13006

FILED JAN 9 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 16 hrs

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Madison
c. CITY OR TOWN: Edwardsville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 508 E. Schwartz — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Christ Middle: Last: Kanning

4. DATE OF DEATH Month: Dec. Day: 30, Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/8/88
9. AGE (last birthday): 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Farm
11. BIRTHPLACE (City and state or country): Madison Co. Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Kanning
13b. MOTHER'S MAIDEN NAME: Catharine Stahlhut
14. NAME OF HUSBAND OR WIFE: Lydia L. Schaake (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489
17. INFORMANT: Mrs. Alvina Bishop — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastrointestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Duodenal ulcer
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DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

MEDICAL CERTIFICATION

21. I attended the deceased from 12/29/63, to 12/30/63 and last saw him alive on 12/30/63
Death occurred at 6⁰⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Milton E Bunder MD
22b. ADDRESS: 4652 Maryland St Louis 8 Mo
22c. DATE SIGNED: 12-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/2/64
23c. NAME OF CEMETERY OR CREMATORY: St. James Cemetery
23d. LOCATION (City, town, or county) (State): Madison County, Edwardsville Twp., Ill.

24. FUNERAL DIRECTOR — ADDRESS: Weber Funeral Home, Edwardsville, Illinois
25. DATE RECD. BY LOCAL REG.: DEC 30 1963
26. REGISTRAR'S SIGNATURE: Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. 4985

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.